

FEB 06 2009

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**FACSIMILE TRANSMISSION****DATE: February 6, 2009****TO: MAIL STOP: AMENDMENT****Facsimile No.: 571-273-8300****Telephone No.: 571-272-1000****FROM: Douglas H. Elliott****RE: (STRR/0004.C1 (7853))****CLIENT/MATTER: \*7853-0006 \*RETURN TO: Renea Mattox (19)****MESSAGE:**

**RESPONSE TO OFFICE ACTION DATED AUGUST 6, 2008  
AND  
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

**TITLE: "Ampoule Opener"**  
**U.S. SERIAL NO.: 10/779,989**  
**FILING DATE: February 17, 2004**  
**INVENTOR: Lisa Starr**  
**EXAMINER: Stephen Choi**  
**GROUP ART UNIT: 3724**  
**CONFIRMATION NO.: 10/779,989**

**No. of Pages Sent including cover sheet: 16**

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PTO/SB/21 (01-09)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

15

Application Number	10/779,989
Filing Date	2-17-2004
First Named Inventor	LISA STARR
Art Unit	3724
Examiner Name	CHOI, STEPHEN
Attorney Docket Number	STRR/0004.C1 - 7853-0006

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): CREDIT CARD PAYMENT FORM
Remarks _____		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MARTIN, DISIERE, JEFFERSON & WISDOM, LLP		
Signature	<i>Douglas H. Elliott</i>		
Printed name	DOUGLAS H. ELLIOTT		
Date	FEBRUARY 6, 2009	Reg. No.	32,982

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Signature	<i>Douglas H. Elliott</i>		
Typed or printed name	DOUGLAS H. ELLIOTT	Date	2-6-09

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